Interim Designation of Agent to Receive Notification of Claimed Infringement

RECEIVED

Full Legal Name of Service Provider:	Kellogg Community College	<u>F</u> EB	16	1999
Alternative Name(s) of Service Provider	/1 - 10	COPYRIC	ice	OFFICE
provider is doing business): N/A			-	
Address of Service Provider: 450 North	Avenue, Battle Creek, MI 4901	7-3397		
Name of Agent Designated to Receive Notification of Claimed Infringement:	Dr. G. Edward Haring			
Full Address of Designated Agent to white or similar designation is not acceptable except where in location): Kellogg Community College	ch Notification Cl. 111 o			
450 North Avenue, Battle Creek, M	I 49017-3397	-		
Telephone Number of Designated Agent:	(616) 965-3931 Ext. 2203			
Facsimile Number of Designated Agent:_	(616) 968-9020			
Email Address of Designated Agent: has	ringe@kellogg.cc.mi.us	<u> </u>		
Signature of Officer or Representative of the	ne Designating Service Provider:			
	Date: 2/8/99			
Typed or Printed Name and Title: Opr. 0 Executive:	3. Edward Haring	·-·		

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

